

Frank Brandison

Town

County

Died at Sugar Land

Montgomery

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Sept

4

Age 30

Md

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Singla~~~~Widower~~

Number of children living

2

Husband

of Margaret Jackson

Wife

Father's

Name

Rafe Brandison

Mother's

Maiden Name

Mary Bailey

Cause of

Primary

Death

Immediate

Dysentery

How long sick

3 days

Accident, Suicide, Homicide

Reported by

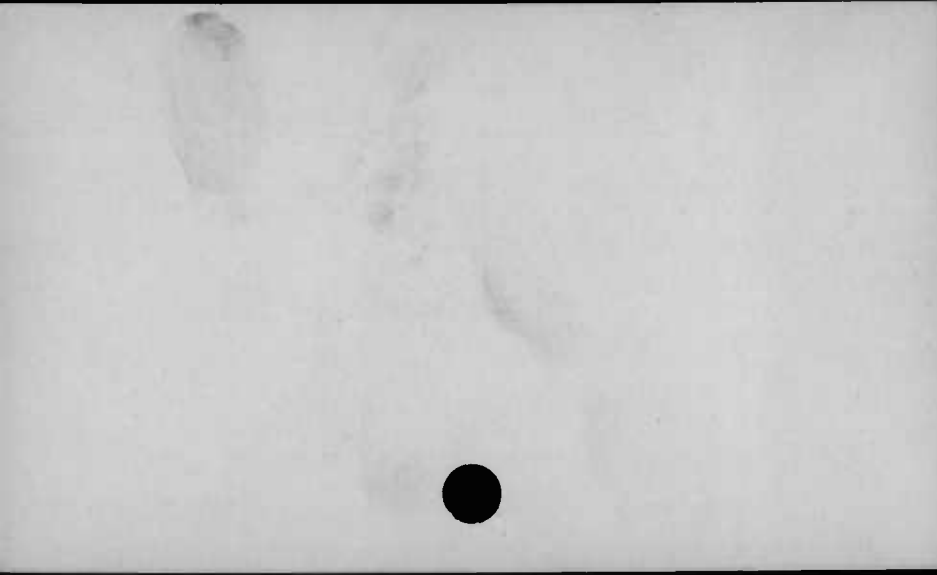
Horace Jackson

Address

Sugar Land

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Andrew Burke*
 Died at *Olney* Town *Woolery* County *MARYLAND*

Date *1903* Month *9* Day *2* Age *55* Y. *—* M. *—* D. *—* Native of *Galena* Occupation *Labourer*
 Male *White* Married *Widow* Divorced *—*
 Female *Colored* Single *Widower* Number of children living *4*

Husband of *Hustler Lizzie Burke*
 Wife *—*
 Father's Name *—* Mother's Name *Mary Burke*

Cause of Death { Primary *Bright's Disease* How long sick *6 months*
 Immediate *Convulsions* Accident, Suicide, Homicide

Reported by *Roger Burke*
 Address *Sandy Spring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Simon Burton

Died at ^{Town} Podlesville ^{County} Montgomery MARYLAND

Date 1903 ^{Month} Sept ^{Day} 19 ^{Y.} ^{M.} ^{D.} 5 ^{Native of} Md ^{Occupation} —

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living ☒

Husband of
Wife

Father's Name Isaac C Burton Mother's Name ~~Blanche Hammond~~

Cause of Death { Primary Affection of Throat
 Immediate
 How long sick 5 days
 Accident, Suicide, Homicide

Reported by W J Offutt
 Address Podlesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edith Butten

Died at

MARYLAND

Date 19

Husband

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

Mother's

Maiden Name

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

Emma Campbell

Town

County

Died at

Grifton

MARYLAND

Date

1903

Month

Sept

Day

16

Y.

M.

D.

Native of

Occupation

Age

22 13

Grifton

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mortimer Campbell

Mother's

Name

Annie Campbell

Cause of

Primary

Tubercular Meningitis

How long sick

2 weeks

Death

Immediate

Accident, Suicida, Homicide

Reported by

Aug Stabler M.D.

Address

Brighton

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706



Name
in
Full

Maria Carter

CERTIFICATE OF DEATH

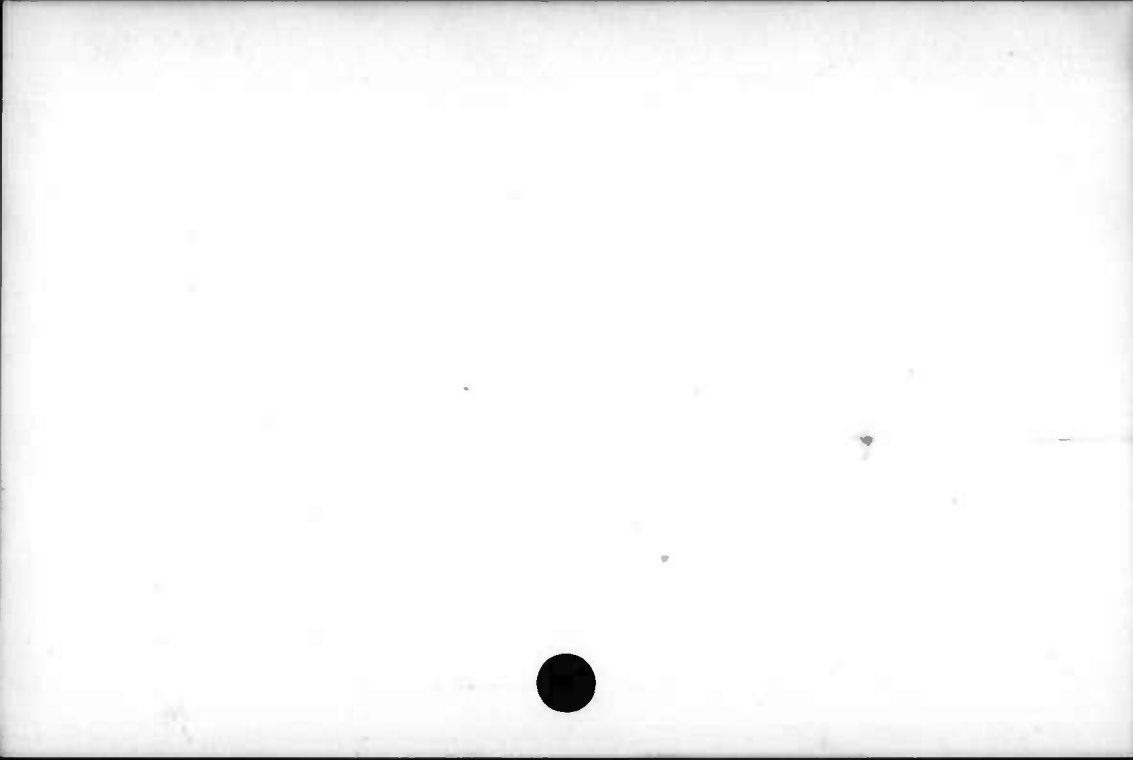
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Linden</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Sept</u>	Day <u>4</u>	Age <u>50</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Va</u>		
Married, Single <u>or Widowed</u>			Occupation <u>Housewife</u>		
Name of Wife <u>Husband</u> <u>W^m Carter</u>					
Father's Name <u>—</u>			Father's Birthplace <u>21.</u>		
Mother's Maiden Name <u>L</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>W^m Carter</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>3 mos -</u>
Immediate <u>1</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Lewis</u>
	Address <u>Kensington</u>
Accident or Suicide? <u>no.</u>	<u>md</u>



Name
in
Full

CERTIFICATE OF DEATH

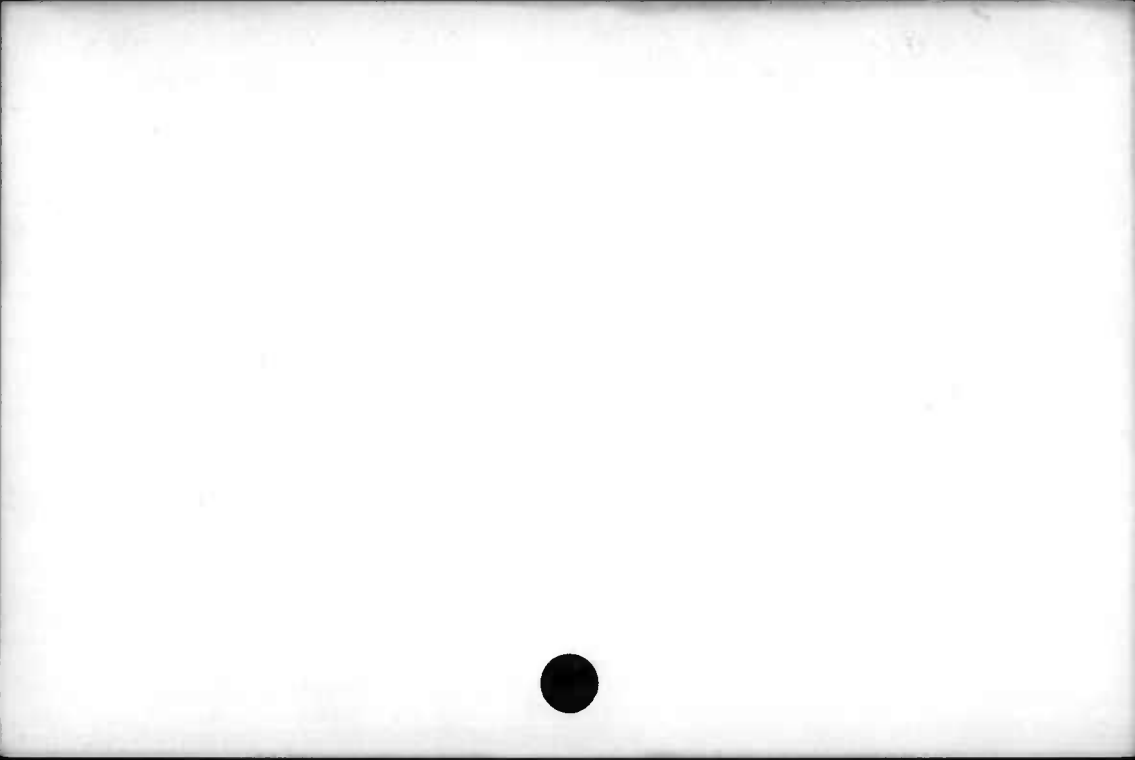
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James S. Cashell</i>				County <i>Montgomery</i>				MARYLAND			
Died <i>Mar. Redland</i>				Town <i>Montgomery</i>				Date of death			
Date of death		Month		Day		Years		Months		Days	
903		9		22		65					
Sex <i>Male</i>				Color or Race <i>white</i>				Birth-place <i>Montg. Co Md</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Mr. Hodges Cashell</i>							
Father's Name <i>Nigel Cashell</i>				Father's Birthplace <i>—</i>							
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>							
Name of person giving Information				How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of liver</i>		How long <i>12 mo</i>	
Immediate <i>Uremia from atrophy of kidneys</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. M. Smith</i>	
		Address <i>Rockville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph Davis		Town Germanantown		County Montgomery		State MARYLAND	
Died at Germanantown		Month 9		Day 25		Age 1 Years 8 Months — Days —	
Date of death 1903		Month 9		Day 25		Age 1 Years 8 Months — Days —	
Sex Male		Color or Race White		Birth-place Montg Co			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name John Davis		Father's Birthplace Montg Co					
Mother's Maiden Name Bessie Matthews		Mother's Birthplace do, do					
Name of person giving Information —		How related to deceased —					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Capillary Bronchitis	How long 10 days
Immediate Pneumonia	How long 7 days
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician J. A. Simpson
	Address Germanantown Md.
Accident or Suicide? —	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

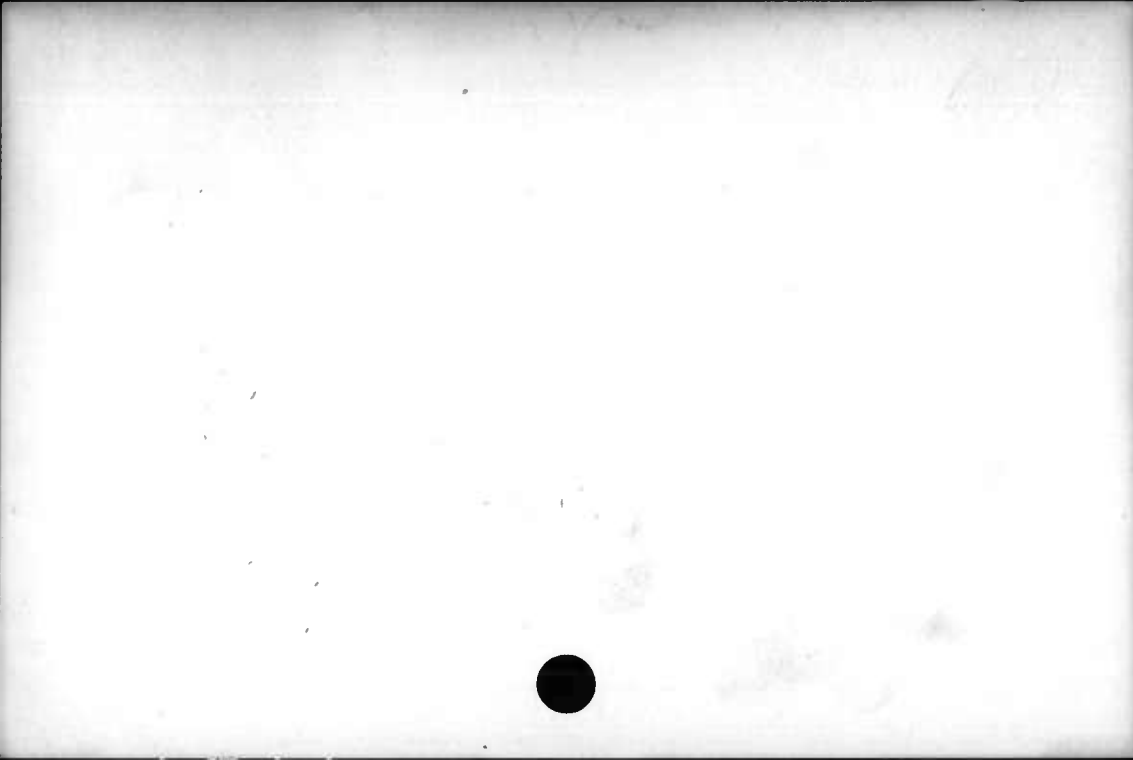
MARYLAND

Died at		Town <i>Gates</i> <i>Wheaton</i>		County <i>Montgomery</i>	
Date of death 190	3	Month <i>Sep</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wheaton</i>		Months <i>2</i>
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>151</i>		
Mother's Maiden Name <i>Johanna Esau</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Augustine Flock</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardium</i>	How long <i>2 mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Linn on 5</i>
	Address <i>Health Officer</i>
Accident or Suicide? <i>✓</i>	



Thomas Morris Gott

Died at ^{Town} Pootersville ^{County} Montgomery MARYLAND

Date 1903 ^{Month} Sept ^{Day} 5 ^{Age} 85 ^{Y.} 5 ^{M.} 4 ^{D.} 4 ^{Native of} Md ^{Occupation} Farmer

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living 8

Female ☒ Colored ☒ Single ☒ Widower ☒

Husband of Ellenor White Chiswell

Wife of Richard Gott

Father's Name Richard Gott Mother's Name Sarah Allison

Cause of Death { Primary Old age Immediate Pneumonia

How long sick 154. one month

Accident, Suicide, Homicide

Reported by Richard T Gott

Address Pootersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

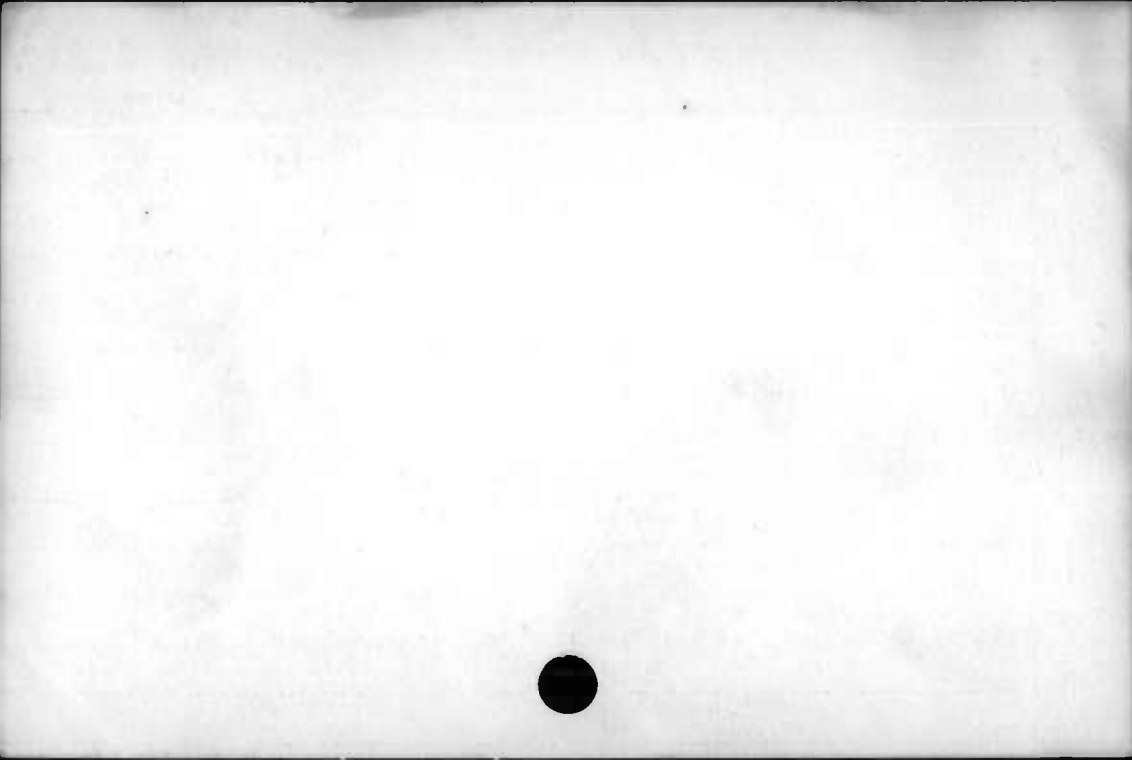
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mrs. Virginia Jackson</i>				Town <i>Etchison</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at		Date of death 1903		Month <i>Sept</i>		Day <i>Tuesday</i>		Age <i>seven</i>	
				Years		Months <i>five</i>		Days <i>13</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>near Etchison</i>					
Married, Single or Widowed				Occupation					
Name of Wife or husband									
Father's Name <i>William Henry Jackson</i>				Father's Birthplace <i>Howard Co. Md.</i>					
Mother's Maiden Name <i>Margaret Eugene Parsely</i>				Mother's Birthplace <i>Howard Co. Md.</i>					
Name of person giving information <i>Wm. Henry Jackson</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute meningitis</i>		How long <i>Eleven days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Basel B Crawford</i>	
		Address <i>Laytonsville. Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Maggie Garrison
Town *Spencerville* County *Montgomery*

MARYLAND

Died at

Date

of death 1903

Month

Sept

Day

3

Age

70

Years

Months

7

Days

Sex

Color or
Race

white

Birth-
place

Pa

~~Married, Single~~
or Widowed

Occupation

Farmer

Name of wife's
Husband

Father's
Name

Wm. Spencer

Father's
Birthplace

Pa

Mother's
Maiden Name

Seubach

Mother's
Birthplace

Pa

Name of person giving
In formation

Frank Wilson

How related
to deceased

Similar

CAUSES OF DEATH

Primary

Failure of the Heart

How long

Immediate

Heart insufficiency

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

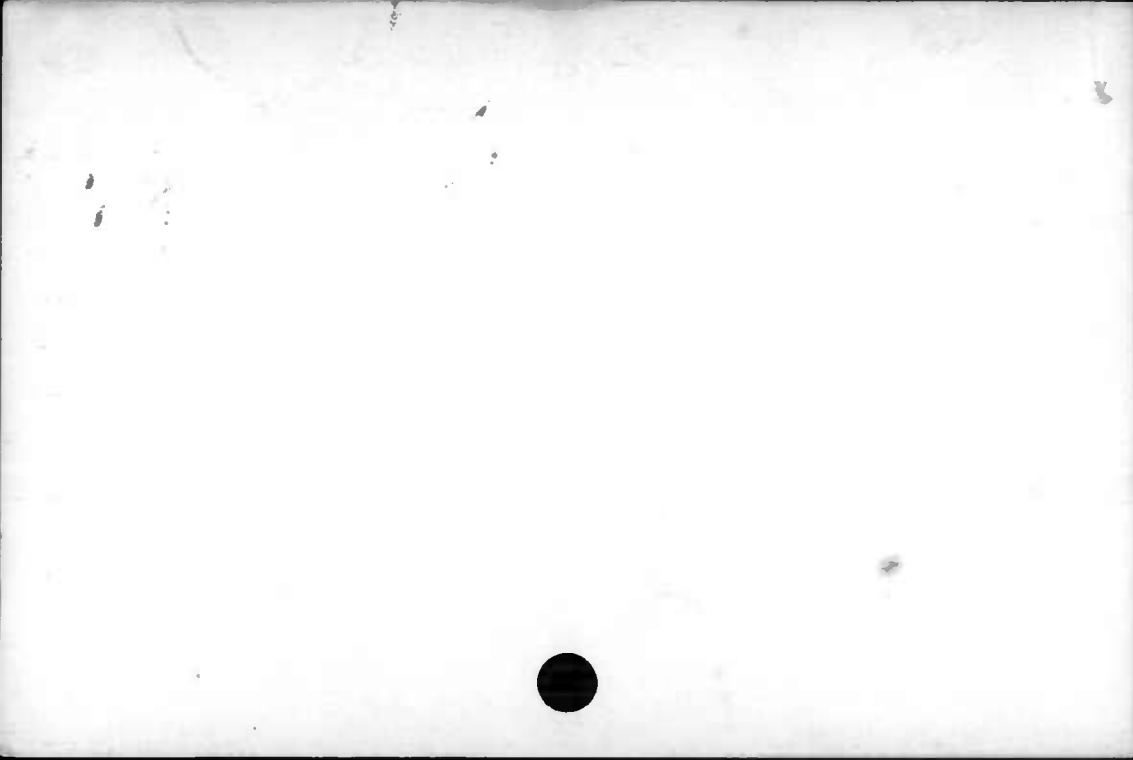
J. R. Barton

Address

*Spencerville
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

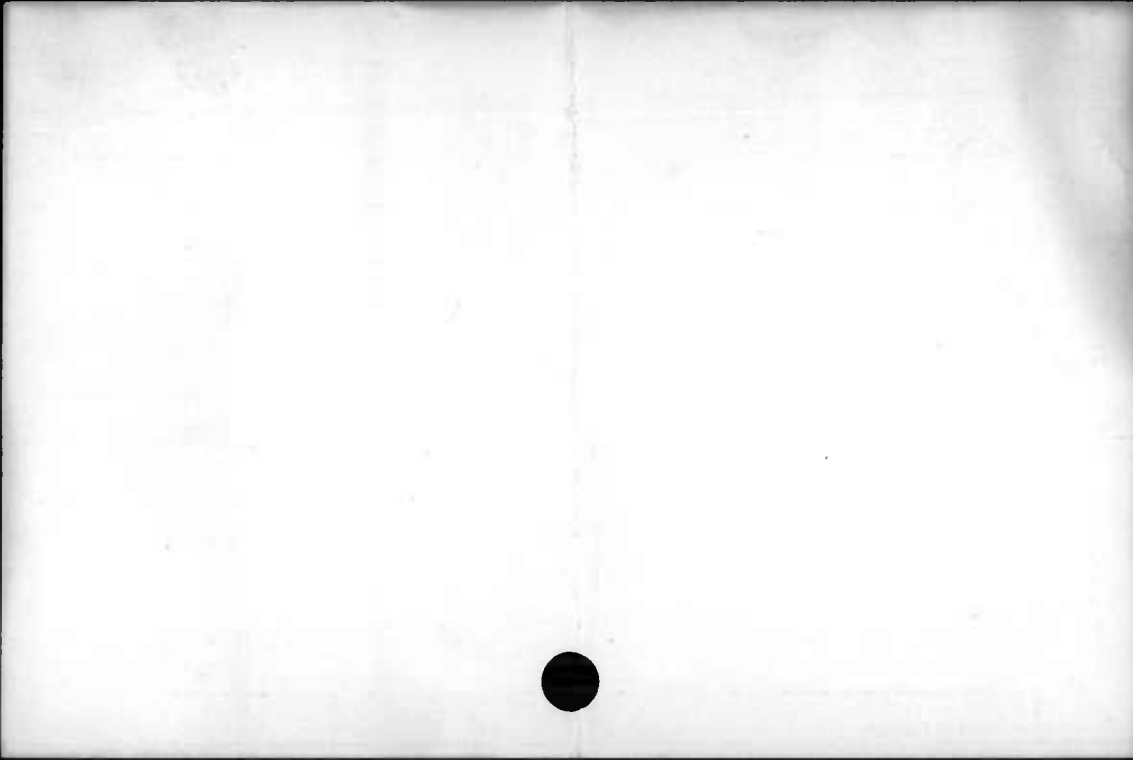
TO BE ANSWERED BY
NEAREST FRIEND

Name *Edith Brooke Kelley*
Town *Lolesville* County *Montg*
Died at *Lolesville* *Montg* MARYLAND
Date of death 190 *3* Month *Sept* Day *6* Age *20* Years *10* Months *10* Days
Sex *Female* Color or Race *White* Birth-place *Md.*
Married, Single or Widowed *Married* Occupation *Housewife*
Name of ~~wife~~ or Husband *Harry Kelley*
Father's Name *Edgar Thompson* Father's Birthplace *Md.*
Mother's Maiden Name *Annie Claggett* Mother's Birthplace *"*
Name of person giving information *Harry Kelley* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *Five weeks*
Immediate *Hemorrhage of bowel.* How long
Are the name, age, sex, color, date and place correctly given above?
Yes. Signature of Physician *H. T. Brown.*
Address *Burnt Mills*
Md.
Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Sarah Eliza Marlow

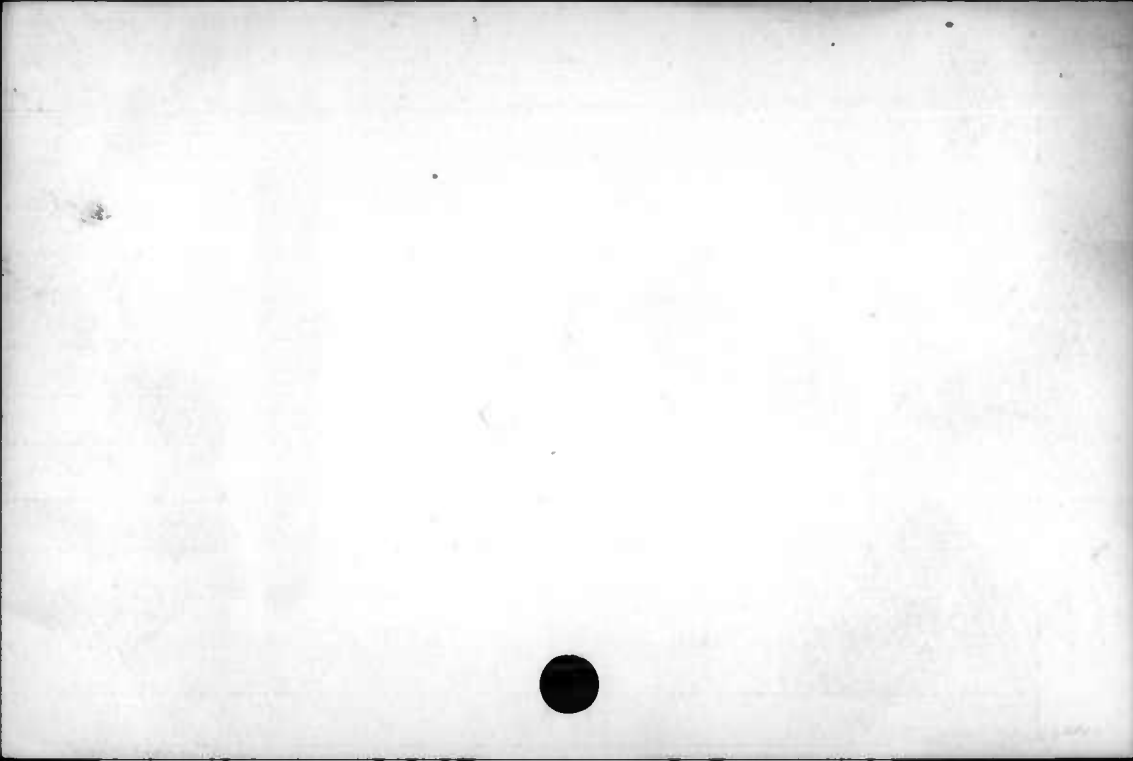
CERTIFICATE OF DEATH

Died at <i>near Laytownville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>Thursday</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co Md</i>				
Married, Single or Widowed			Occupation				
Name of Widow Husband <i>Levin C Fish</i>							
Father's Name <i>Thomas Marlowe</i>			Father's Birthplace <i>Montgomery Co Md</i>				
Mother's Maiden Name <i>Clarisa Willcoxon</i>			Mother's Birthplace <i>Montgomery Co Md</i>				
Name of person giving information <i>Anna Maria Allnut</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

Primary <i>Valvular disease of left heart</i>	How long <i>about four years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Baile B. Coughlin M.D.</i>
	Address
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Alice L. Massburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	Sept.	Day	28	Age	13
Sex		Female		Color or Race		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

ANDERSON, M. D., Rockville, Md. Office Hours : 8 to

R. W. VINSON, PHARMACIST, On the Corner, Rockville, Md.

R

Rockville Md.

Sept. 29th 1903

This is to certify that Alice L. Hassburg aged
thirteen died Sept. 28th 1903, of tuberculosis

Edward Anderson M.D.

Name
in
Full

Anna A. Proctor

CERTIFICATE OF DEATH

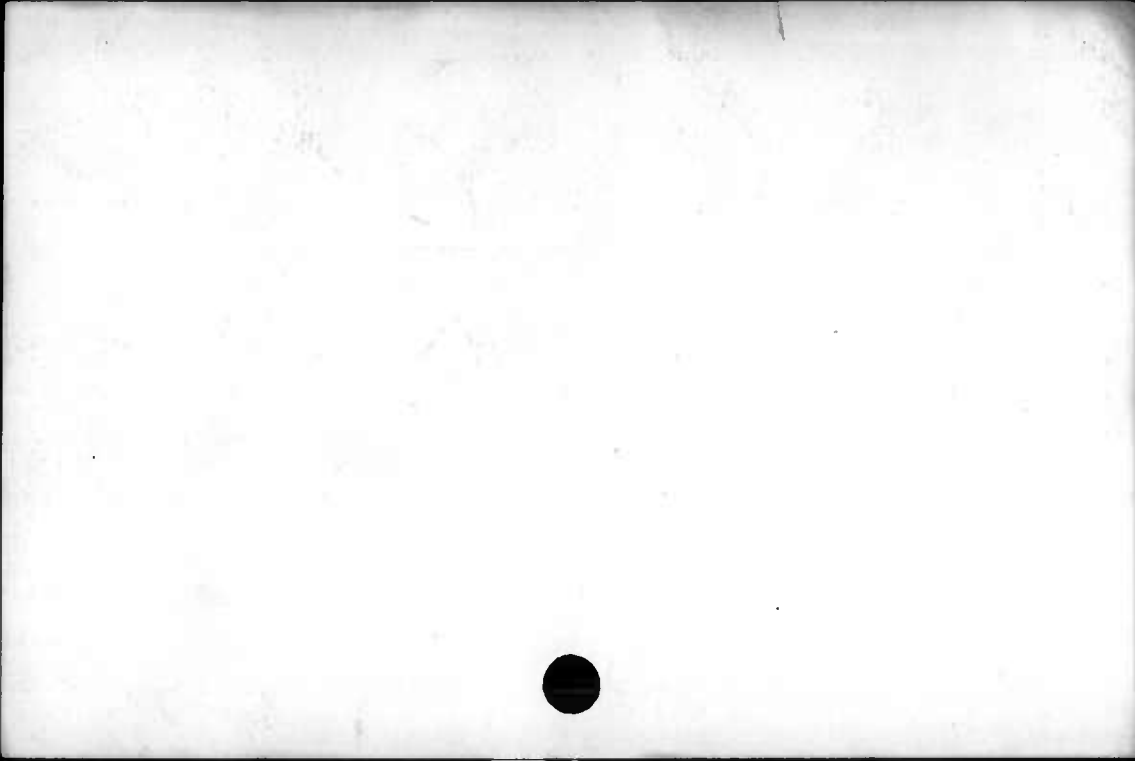
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Dawsonville Town Montg CountyDate of death 1903 Month 9 Day 23 Age 19 Years Months 6 Days -Sex Female Color or Race Negro Birth-place DawsonvilleOccupation Domestic Where Residing if not at place of death -~~Married~~ single Name of Wife or Husband -Father's Name Filman Proctor Father's Birthplace 7Mother's Maiden Name Lisle Mother's Birthplace 7Name of person giving Information - How related to deceased -

CAUSES OF DEATH

Primary Acute Pulmonary Tuberculosis How long 4 MoImmediate Asphyxia How long -Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician U. D. House M. D.Address Dawsonville Md.Accident or Suicide? -



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry F. Reich

Town

County

Died at

Rockville

Date

of death 1903

Month

Sept.

Day

13th

Age

Years

56

Months

Days

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name or Wife or
Husband

Emily Reich

Father's
Name

Don't know

Father's
BirthplaceMother's
Maiden Name

Don't know

Mother's
BirthplaceName of person giving
In formation

Emily Reich

How related
to deceased

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Yellow fever

How long

Immediate

Apoplexy

How long

Three minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

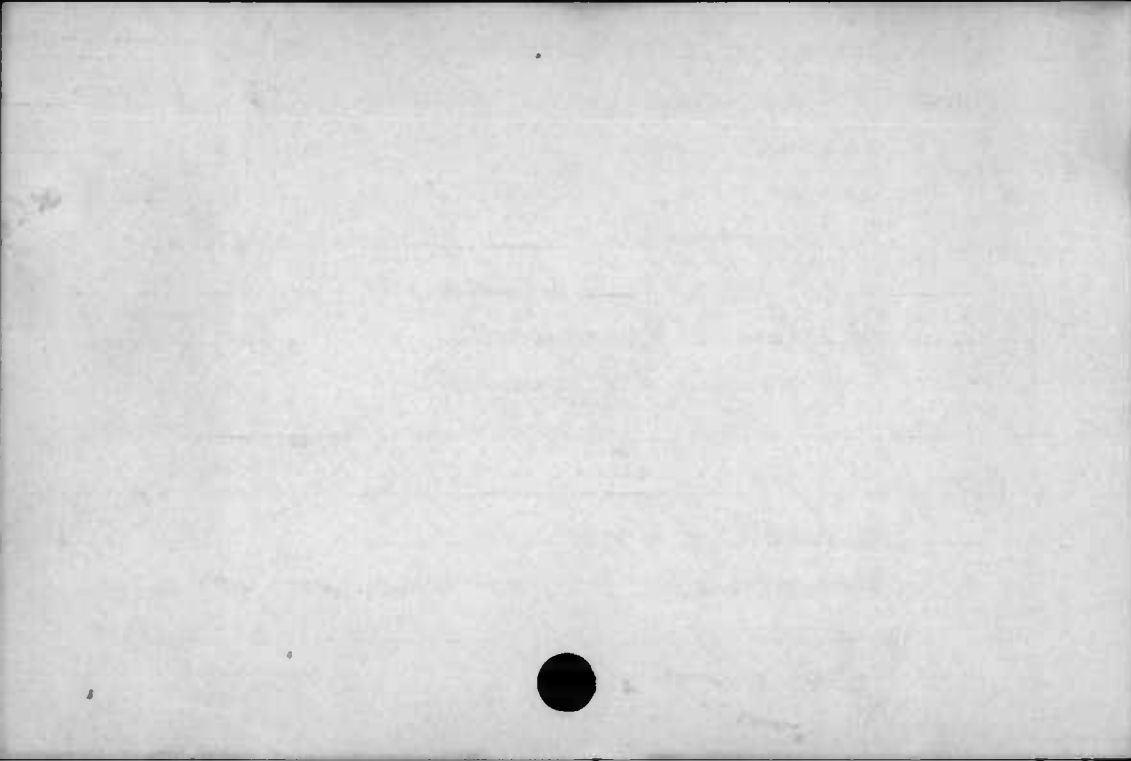
Signature of
Physician

Edward Anderson M.D.

Address

Rockville Md.

Accident or Suicide?



Name
in
Full

Laura Virginia Stephens

CERTIFICATE OF DEATH

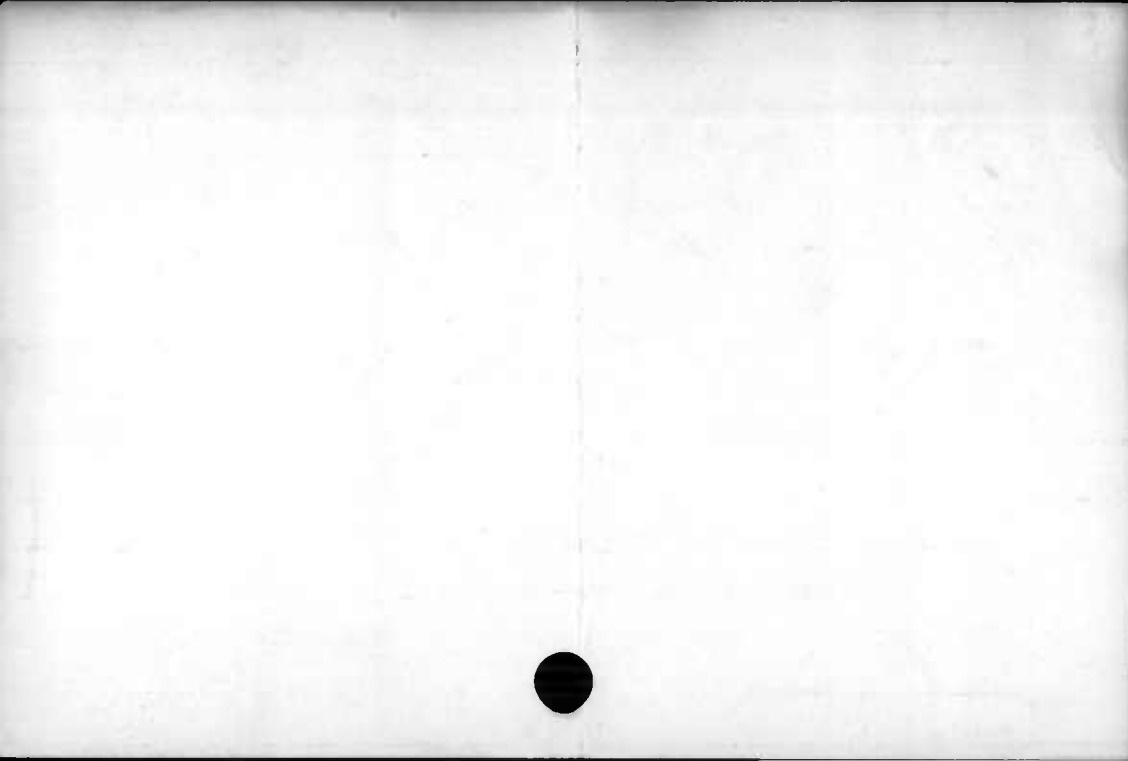
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Colesville		County Montgomery		MARYLAND	
Date of death 1903	Month Sept	Day 22	Age 23	Years	Months 1	Days	
Sex Female	Color or Race White		Birth- place Md.				
Married, Single or Widowed		Married		Occupation Housewife			
Name Husband		Thillis Stephens					
Father's Name		John Burner				Father's Birthplace Md.	
Mother's Maiden Name		Carrie Johnson				Mother's Birthplace "	
Name of person giving Information		Thillis Stephens				How related to deceased Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Hemorrhage of bowels	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. S. Brown	
Yes		Address Round Mills Md.	
Accident or Suicide?			



Name
in
Full

Viola Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sandy Spring</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Sept.</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>24</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Howard Co. Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>book</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Matthew Steward</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Martha Deblor</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>H. Fillman Pumphrey</i>			How related to deceased <i>No kin.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis - Pulmonary & Laryngeal</i>	How long <i>Over one year</i>
Immediate <i>Hemorrhage from lung</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>As far as I know</i>	Signature of Physician <i>Chas. Ferguson</i>
	Address <i>Olney Md</i>
Accident or Suicide?	



Benjamin Miller Thom
Town *Montg.* County

Died at *Ashton*

MARYLAND

Date *1903* 189 Month *Sept.* Day *15* Y. *8* M. *4* D. *7* Native of *Ashton* Occupation *School-boy*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's
 Name *Wm Taylor Thom*

Mother's
 Name *Elizabeth J. M. Thom*

Cause of Primary *Typhoid Fever*

How long sick
5 weeks

Death Immediate *Exhaustion*

Accident, Suicide, Homicide

Reported by *Augusta M. D.*

Address *Brighton* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full Jacob Webb Jr
 Died at Tusuma Penn Town Montgomery County MARYLAND
 Date 1903 Month Sep Day 30 Y. — M. — D. — Native of md Occupation —
 Male White Married — Widow — Divorced —
~~Female~~ Colored — Single — Widower — Number of children living —
 Husband of —
 Wife of —
 Father's Name Jacob Webb Mother's Name Sarah E Ashby
 Cause of Death { Primary still born How long sick —
 Immediate — Accident, Suicide, Homicide —

Reported by Alfred O Parsons
 Address Tusuma Penn
 Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.

